## ADHS School Kindergarten Immunization Data Report (IDR): Due November 15, 2006

School Name:		Type of School:  Public □ Private □ Charter □  Date of Report:	
lailing Address, City, Zip:		Phone:	County:
		Fax:	
Contact Person's Name:		Circle the best description of the contact pers	son:
-Mail Address:		School Nurse Health Aide Office S Other:	taff Principal
Does this school have a preschool, 7 <sup>th</sup> or 10 <sup>th</sup> grade? If yes, and Additional copies of all Immunization Data Report forms may	separate be foun	Immunization Data Reports must be complete d at the website: <a href="http://www.azdhs.gov/phs/im/">http://www.azdhs.gov/phs/im/</a>	d for those grade levels. mun/idr_forms.htm
Kindergarten <u>Only</u>	Numbe	Action Require	d
1. How many students are enrolled?			
2. How many students have an immunization record <b>OR</b> a valid exemption on file?		Require proof of immunization <b>or</b> an exemption	on for school entry.
3. DTaP/DTP/DT			
How many students have 6 doses?			
How many students have 4 – 5 doses?		Require 1 more dose if student's last dose wa	s before the 4 <sup>th</sup> birthday.
How many students have less than 4 doses?		Require student(s) to obtain a total of 4 doses spaced 1 month apart and the 4 <sup>th</sup> dose 6 mon	with the first 3 doses ths following the 3 <sup>rd</sup> dose.
TOTAL (must equal number enrolled, see #1)			
4. Polio			
How many students have 4 doses?			
How many students have 3 doses?		Require 1 more dose if last dose was given be	efore the 4 <sup>th</sup> birthday.
How many students have less than 3 doses?		Require another dose when 1 month has pass	sed since the last dose.
TOTAL (must equal number enrolled, see #1)			
5. MMR			
How many students have 2 doses?		Require 1 more dose if MMR #1 was given be	efore the 1 <sup>st</sup> birthday.
How many students have 1 dose?		Require MMR #2 when 1 month has passed s	since MMR #1.
How many students have 0 doses?		Require MMR #1 immediately.	
TOTAL (must equal number enrolled, see #1)			
6. Hepatitis B			
How many students have 3 doses?			
How many students have 2 doses?		Require Hep B #3 when 5 months have passe	ed since Hep B #2.
How many students have less than 2 doses?		Require student(s) with no Hep B to obtain He when 1 month has passed since Hep B #1.	ep B #1. Require Hep B #2
TOTAL (must equal number enrolled, see #1)			
7. Varicella (chicken pox): How many students have 1 dose?			
How many students have history of chicken pox disease?		Varicella vaccination is not required if child ha	s had chicken pox.
How many students have no history of chicken pox and no varicella vaccine doses?		Require varicella vaccination immediately.	
TOTAL (must equal number enrolled, see #1)			
8. Exemptions:			
How many have a Personal Beliefs exemption?		Require a signed exemption form.	
How many have a Medical exemption?		Require a doctor's signature and statement of	the medical condition.
How many have Laboratory Evidence of Immunity?		Require a copy of the lab results and doctor's	signed statement.

## **Kindergarten** Immunization Data Report (IDR) Instructions

All public, private and charter schools must submit an IDR on children enrolled in preschool, pre-K, Kindergarten, 7<sup>th</sup> and 10<sup>th</sup> grades by November 15th each year. Use this form for **Kindergarten only**. Forms for the other age/grade levels are available at http://www.azdhs.gov/phs/immun/idr forms.htm.

- **Step 1**: Identify your school by completing all areas at the top of the form.
- **Step 2**: Answer questions 1 and 2 by counting how many Kindergarten students are enrolled (#1) and how many have an immunization record and/or a valid exemption on file (#2).
- **Step 3:** Answer questions 3 through 6 by counting how many doses of each vaccine your Kindergarten students have on their records. See example below showing a school where 120 Kindergarten students are enrolled. Note that each student will fit into one of the categories listed by having either 6 doses, 4-5 doses or fewer than 4 doses. When added together these numbers equal the total number enrolled in Kindergarten.
- **Step 4:** Answer question 7 by listing the number of children who have received varicella (chicken pox) vaccine or have history of chicken pox disease.

## **EXAMPLE:**

2 students have 6 doses of DTaP/DTP/DT. 100 students have 4-5 doses of DTaP/DTP/DT vaccine. The "**Action Required**" states that students who have 4-5 doses need 1 more dose if the last dose was given before the 4<sup>th</sup> birthday. 18 students have fewer than 4 doses. The "**Action Required**" states that students with fewer than 4 doses need a total of 4 doses with the first 3 doses spaced 1 month apart and the 4<sup>th</sup> dose spaced 6 months after the 3<sup>rd</sup> dose.

3. DTaP/DTP/DT	Number	Action Required
How many students have 6 doses?	2	
How many students have 4 – 5 doses?	100	Require 1 more dose if student's last dose was before the 4 <sup>th</sup> birthday.
How many students have fewer than 4 doses?	18	Require student(s) to obtain a total of 4 doses with the first 3 doses spaced 1 month apart and the 4 <sup>th</sup> dose 6 months following the 3 <sup>rd</sup> dose.
TOTAL (must equal number enrolled, see #1)	120	

- **Step 5:** Answer question 8 by listing how many students have a valid school exemption form on file. List the number of exemptions in the rows of this section.
- **Step 6:** Complete all "**Action Required**" by sending a "**Referral Notice of Inadequate Immunization**" to the parent/guardian of each child who needs additional immunizations. Require proof of immunization each time a student is due for another vaccine dose. Track the students who need additional doses.
- Step 7: Count the number of kindergarten students who are not fully immunized. Check to see how many students who are <u>not exempt</u> need additional doses of any vaccine. <u>If more than 5% of the non-exempt students in kindergarten still</u> need one or more doses of any vaccine, the enclosed "IDR Update" form must be submitted no later than January 31, 2007

Step 8: Check the form carefully to ensure all areas have been completed. Make a copy of the form and keep it for your records. Mail the original form by November 15, 2006.

Mail the report to:

Arizona Immunization Program Office Assessment Unit 150 N. 18<sup>th</sup> Ave., Suite 120 Phoenix, AZ 85007-3233